

(5)

FOR HARASSMENT, I TRIED TO EXPLAIN THE REASON FOR SUCH COMPLAINT OF MARCH 23, 2011, OF RECEPTION C.O. (MAYZGLUD), PACKING MY PROPERTY FOR COURT IN DRAFT BAG WITH NO STITCHING SO AS BAG BEING TRANSFER BY TRANSPORTATION OFFICERS' ALL MY LEGAL WORK GETS LOSS AND/OR DESTROYED IN TRANSIT FROM DOWNSTATE TO Rikers ISLAND, SINCE ALL BAGS WERE SLIT INTENTIONALLY RESULTING IN LOSS LEGAL WORK.

SO, SGT (SHERBER), COULD ONLY SAY THAT AS INVESTIGATIVE OFFICER OF THIS COMPLAINT TO MAKE CONTACT WITH YOUR OFFICE (MR. ROY), AND TO REQUEST THAT I BE TRANSFERRED TO ATTICA COR. FAC., WHERE DEF (HOPE), IS ON MY CIVIL SUIT. THEN, SHE GOT VERY ROWDY TELLING ME NOT TO RAISE MY VOICE AT HER AS A TATK TO GET MALE OFFICERS SURROUND ME WHEN I DID NOTHING. I TRIED AGAIN TO EMPHASIZE MY DISABILITY OF HEARING LOSS AND HEARING AIDS IN BOTH EARS, BUT I WAS NOT RAISING MY VOICE TO HER DURING DISCUSSION. SHE SAID, "I GONNA SLAP YOUR FACE, KICK MY ASS, SPIT IN MY FACE, AND SHE DON'T NEED OTHER OFFICERS' FOR HER TO DO IT."

SO, SGT (LEE), MADE A ROUND THROUGH (F-BIK) AND I INFORMED HIM OF THIS THREAT BY SGT (SHERBER), AT APPROXIMATELY 6:00 P.M., HE SAID TO WRITE AND HE WILL HAVE STAFF INVESTIGATE THIS INCIDENT ON MY BEHALF.

(6)

AND BEFORE LEAVING FROM MY CELL, Supt. (Lee),
with Lt. Laporto, Lt. turquoise, he said A PROVERB:
IN MANNER OF "PERSON CRYING WOLF ALL THE TIME
IS NEVER ABLE TO GET PEOPLE TO BELIEVE A WOLF
EVEN EXIST." AND AGAIN SAID FOR ME TO SEND HIM
A LETTER OF ALLEGED INCIDENT.

IN CLOSING MR. ROY, I ASK THAT YOU BE
AWARE THAT FINDINGS OF INVESTIGATION BY SAID
SGT. (SHERBER); SINCE SHE WAS NAMED IN COMPLAINT
OF (3/15/11), AND THIS PRESENT SEQUELS OF EVENTS
ON (4/28/11). I THANK YOU MR. ROY, FOR TIME
AN COOPERATION IN THIS MATTER.

Dated: APRIL 29, 2011

RespectFULLY
Submitted,

151 

CC: BRIAN FISCHER, COMM. (DOCS)

Supt. WILLIAM A. LEE (CHCF)

APPENDIX
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NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name:	QUEZADA, JOSE	State ID:	1903046
Case Number:	360507	Gender:	Male
DOB:	06/12/1970	DIN:	04-A-3690
Admission Screening Date:	11/13/2006		

Unit: 717 Green Haven OMH Satellite Unit

Note Unit : 717 Green Haven OMH Satellite Unit

Entered By: 71970 Berrill-Ross, Susan P

Date: 04/05/2011

Time	Description	Svc Unit	Duration	Note Code
1:00 pm		717		Verbal Therapy

Notes: Writer received a phone call from a family member of the pt who stated that he is on his way back from county jail and that he wants to go back to F block where he feels comfortable. No information was given to the caller as there is not a consent form to speak to him in the chart.

Staff: 71970 Berrill-Ross, Susan P

Title: Lic Mstr Soc Wrkr 2

Date: 04/05/2011

Confirmed By: 71970 Berrill-Ross, Susan P

Date: 4/5/11 1:30 pm

Title: Lic Mstr Soc Wrkr 2/Supervisor

Electronically Signed By: Berrill-Ross, Susan P On 4/5/2011 1:30:41PM

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APPENDIX
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STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION
GREEN HAVEN CORRECTIONAL FACILITY

BRIAN FISCHER
COMMISSIONER

594 Route 216
Stormville, NY 12582
845-221-2711

WILLIAM A. LEE
SUPERINTENDENT

MEMORANDUM

TO: Jose Quezada, 04A3690 B4-153
FROM: William Lee, Superintendent
SUBJECT: Correspondence Dated April 6, 2011
DATE: May 9, 2011

I am responding to your letter dated April 6, 2011. Cell moves and the assignment of a particular cell is entirely at the discretion of the facility. Your move to B-Block is appropriate and is in no way an attempt to "set up", or otherwise cause you harm in any way.

William Lee
Superintendent

WAL/hhb
GH5763

cc: Guid. & Coun.
file

APPENDIX PAGE(S)

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12/19/14 11:42:13
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES
HEALTH SERVICES SYSTEM
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: QUEZADA, JOSE

DIN: 04A3690 DOB: 06/12/1970
CURRENT FAC: FIVE POINTS

REFERRING FAC : FIVE POINTS

REFERRAL NUMBER: 14525650.01M

REFERRAL DATE : 11/18/14 11:52A TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: PHYSICAL THERAPY

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: YES TYPE: 1 REASON CODE: 02 EXP. DATE: 2015-01-30

TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

REFERRED BY: KRIS SALOTTI, NP

APPOINTMENT: 12/19/14 08:30A

REVIEWED BY: MARSHALL TRABOUT, MD

POS: FIVE POINTS CF

PROV: NYONI, MTHULISI-PTH

REASON FOR CONSULTATION:

USER: 11/18/14 03:15P C370K2S

(REQUESTING PTH CONSULTATION AND TREATMENT RECOMMENDATIONS FOR RIGHT SHOULDER)
 (R PAIN. DECREASED ROM, PAIN AT AC JOINT, PAIN W/ PUSHING AND LIFTING AGAINST)
 (T RESISTANCE. UNABLE TO LIFT ARM ABOVE HEAD, DIFFICULTY DRESSING SHIRT OFF)
 (AND ON. NO RELIEF W/ NSAIDS OR ABALM. CHRONIC ISSUE NO XRAY INDICATED.)
 ()

=====

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT:

Pt @ (R) Shoulder pain. Says he got
 S: injured in fall in a use of force incident.
 Pain varies in intensity. 0-9/10, waking & lying
 on (R) side aggr. acute pain. Says he is unable to
 lift heavy objects

O:

O/A: (R) Shoulder ROM: Internal rotation => Great limitation
 : All other planes = w/e (pain)

A:

Palpation: Tender trigger point @ shoulder quadrant.
 Tender AC joint & (R) Shoulder apex & anterior aspect.
 Shape, Flexion = 4/5 | Ext + Abd = 3/5
 Ext = 4/5

P:

(R) Pain is impingement test
 Goals: 1) Pain

2) ↑ ROM

3) Shape & ↑ shape

1) ↑ (R) E-shm. w/e, Heel/Toe,
 2) increased therapy
 3) ROM E
 4) Shape & consistency E
 5) HGR

CONSULTANT SIGNATURE: PT

DATE: 12/19/14

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY Dr. (M) (M)

* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE
 INMATE'S NYSDOCS PHYSICIAN.

DEC 22 2014

5/24/11 15:31:44
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES
HEALTH SERVICES SYSTEM
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: QUEZADA, JOSE

DIN: 04A3690 DOB: 06/12/1970

REFERRING FAC : SHAWANGUNK

CURRENT FAC: SHAWANGUNK

REFERRAL DATE : 05/20/11 11:06A TELEMED: N<N>

REFERRAL NUMBER: 11230425.01M

TYPE OF SERVICE: ORTHOPEDICS-OTHER

REFERRAL TYPE : INITIAL

URGENCY OF CARE: SOON

REFERRAL STATUS: SCHEDULED

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE: EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

REFERRED BY: CHUNG LEE, MD

APPOINTMENT: 05/27/11 01:00P

REVIEWED BY: CHUNG LEE, MD

POS: FISHKILL RMU

PROV: CALENO, JOHN-ORT

REASON FOR CONSULTATION:

USER: 05/23/11 08:14A C680CSL

(MILDLY DISPLACED FRACTURES OF RIGHT TRANSVERSE PROCESSES OF L1, L2, L3,, RI)

(GHT FLANK SOFT TISSUE INFILTRATION COMPATIBLE W/ TRAUMA)

(INJURIE/TRAUMA/ON 5-17-2011, W/ CO @ GREEN HEAVEN; PLS SCHEDULE ASAP IF YOU)

(CAN, THX.)

()

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT:

S:

C10 pain level radiating to RLE
after injury on 16th. LTO states he was
hit and kicked. Tachy pain mels.

O:

RE Bad back pain, paraesthesia,
prop P numb leg; motor intact,
reflexes intact, SLR + plantar

A:

20°
No films available - CT scan needed
transverse process Fr L1, L2, L3

P:

Pls - L unilateral closed, avulsed PRR
- MRS L Spine
- RTC 1 month

CONSULTANT SIGNATURE:

DATE: 5/27/11

IF FOLLOW-UP/PROCEDURE RECOMMENDED REQUESTED BY

* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE
INMATE'S NYSDOCS PHYSICIAN.

7 of 22

05.30.11

HSC4781

HEALTH SERVICES SYSTEM
REQUEST AND REPORT OF CONSULTATION

NAME: QUEZADA, JOSE

DIN: 04A3690 DOB: 06/12/1970

CURRENT FAC: CLINTON GEN

REFERRING FAC : CLINTON GEN

REFERRAL NUMBER: 11512608.01M

REFERRAL DATE : 11/14/11 04:49P TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: PHYSICAL THERAPY

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

REFERRED BY: KANG MAENG LEE, MD

APPOINTMENT: 12/02/11 07:15A

REVIEWED BY: KANG MAENG LEE, MD

POS: CLINTON CF

PROV: KESAR, ROHIT-PTH

REASON FOR CONSULTATION:

USER: 11/14/11 04:49P C020WLS

(SEEN IN NES CLINIC 11-9-11 CHRONIC LBP HX OF TRANSVERSE PROCESS FX)

(OF L1-3... RECOMMENDED FOR EVALUATION FOR PTH)

()

()

()

()

=====

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT:

S: 44 yrs old male patient seen for Evaluation Today, and patient complains of Low Back Pain (10/10) and that he can't up from bed early in morning & that pain radiates down into left leg.

O: PT Eval > Tenderness G-T in Lower back region

> two limited ROM in the Lower back

> LS Flexⁿ 30% LS SB(R) - 40% LS Rotⁿ(R) - 30%

A:

> LS Extⁿ - WNL LS SB(L) - 40% LS Rotⁿ(L) - 20%

> LS Muscular Tendon Reflexes 4+/5 MMT - (LS) region

> -ve Sensory Loss

> SLR (-w)

P:

> Straight Leg Test (-ve)

Patient Needs to Cont PT Tx to ↓ the Pain in his LS region and ↑ the Strength in the back. Cont PT Tx 2X wk X 4 wks.

CONSULTANT SIGNATURE: Rohit Kesar PTDATE: 12/2/2011IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / /

* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE INMATE'S NYSDOC'S PHYSICIAN.

=====



Physical Therapy/ Occupational Therapy
Request for Therapy Beyond Initial Eval

Please fax the following information to: APS Healthcare/ NYS DOCCS UM
(262) 787-2519 Attn: NYS DOCCS Utilization Review

Name: Quezada Jose DIN # 0493690 # of Sessions to date: Diagnosis: LBP, fix of Electro Transverse Process

Pain (0-10 Scale) note: 100% pain relief is not an acceptable goal

Please rate pain at: Best: 2 Worst: 10 Average: 6 What factors increase pain? lying in bed, standing, sitting
What factors decrease pain? Rest Goal for Therapy: foot
What specific (required) functional/ work activities is patient unable to perform? standing, lying, sitting

ROM:

What is current ROM of affected area? 80°/0 Goal for therapy: walk
What specific (required) functional/work activities is patient unable to perform? lung, As Above

Strength:

What is current strength of affected area? 40/5 Goal for Therapy: 5/5
What specific (required) functional/ work activities is patient unable to perform due to strength? lung As Above

Other:

Treatment activities (include modalities/ procedures) Heat Pack / TENS / Therapy / Manual therapy

Does patient have a job or go to school? ☐ Yes ☒ No Does care focus on increasing ability to return to above? ☐ Yes ☐ No
If yes, please describe physical requirements:

Has patient shown subjective and/or objective improvements under your care? ☐ Yes ☐ No
If no, please explain (complicating factors): N/A

Is patient compliant with: Appointments? ☐ Yes ☐ No Home Exercises: ☐ Yes ☐ No Other Instructions: ☐ Yes ☐ No

Treatment recommendations: 2 Visits per week for 4 weeks

Comments:

Patient Needs to Get PT to help Pain in the lower back
and the strength & ROM in the lower back.

Signature: Edward Kerej PT

Date: 12/2/2011 Phone #:

Hours available:

Fax:

Please attach progress notes/ evaluation if desired

APPENDIX
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331 Med CNYPC (7.09)

CENTRAL NEW YORK PSYCHIATRIC CENTER

OUTPATIENT TREATMENT PLAN

Date Completed: 8/16/11

Date of First Review: 2/16/12

Patient's Name (Last, First, M.I.):
QUEZADA, JOSE

C#: 360507

DIN#: 04A3690

Unit Name: CLINTON CF

DIAGNOSIS: Include current Axis I- V diagnoses. Any change in diagnosis requires a MED 15
(i.e.- addition or deletion of diagnosis, or change in principal diagnosis)

AXIS I DYSTHYMIC DISORDER, POST TRAUMATIC STRESS DISORDER (P)

AXIS II ASPD

AXIS III BACK AND KNEE PAIN, GERD, HEARING LOSS

AXIS IV INCARCERATION

AXIS V GLOBAL ASSESSMENT OF FUNCTIONING: CURRENT GAF: _____ PAST YEAR GAF: _____

Treatment Issues: Review all applicable assessments/evaluations (Core History, Psychiatric Progress Notes, Screening Admission Note, Comprehensive Suicide Risk Assessment, etc.) And determine problems and identified needs central to the patient's treatment and Recovery. Mental health, physical/medical health, rehabilitation and social support issues should be considered. Prioritize and list problems, issues, and concerns in the table below. Enter disposition code, rationale/reason for Treatment/Non-treatment of each identified issue.

Enter disposition code and date. T = Treat; R = Refer; D = Defer; I = Inactive; C = Close

Problem	Disposition	Comments: Include rationale for treatment/ non-treatment of problems.	Date
MOOD DISORDER	T	Pt. reports history of anxiety and depression	8/16/11
PERSONALITY DISORDER	T	Inflexible and maladaptive personality traits which lead to distress and have a negative impact on mood, daily functioning, and adjustment to incarceration	8/16/11
SHU CONFINEMENT	T	INMATE/ PATIENT IS SERVING SHU TIME	8/16/11
Medical Problems: Back and knee pain, hearing loss, GERD	D	DEFER TO DOCS, not affecting mental health treatment at this time	8/16/11

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CNYPC FORM #331 OUTPATIENT TREATMENT PLAN	Patient Name: QUEZADA, JOSE C#: 360507
---	---

GOAL PLAN:

Instructions: Identify the major treatment goals. Use a separate page for each goal.

GOAL PLAN:

Instructions: Identify the major treatment goals. Use a separate page for each goal.

Goal: SHU Functioning

Goal No. 10

Date Established: 8/16/11

Status/Date

A: Attained

R: Revised

D/C Discontinued

Pt. will maintain personal and socially appropriate level of functioning while in SHU environment.

D/C
9/7/12

Indicate patient outcomes to be achieved for this goal.

Letter	Objectives:	Date Establ- ished	Target Date	Status/ Date A Attained R Revised D/C Discon't	Methods For each objective, indicate staff treatment interventions, including duration, frequency, and responsible staff.
A	Patient will be able to identify and discuss positive coping strategies to manage personal and environmental stressors related to living in SHU.	8/16/11	2/16/12		Individual supportive counseling by assigned therapist 2x month and/or PRN to assist with symptom management. Pt. to see MD 1x/month for Psychiatric Evaluation, counseling, and medication evaluation, RCTP if needed. Pt is also participating in group therapy 5 days/ week
B	Patient will be able to manage his negative behaviors to the extent that he is free of acting out behaviors.	8/16/11	2/16/12		Same as above.
C	Patient will verbally report stable mood, appetite, sleep, and use of at least one positive activity (i.e. reading, writing, exercising)	8/16/11	2/16/12		Same as above.

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CNYPC OUTPATIENT TREATMENT PLAN	FORM #331 Patient Name: QUEZADA, JOSE C#: 360507
------------------------------------	--

Goal: PERSONALITY DO		No. 9		Status/Date A Attained R Revised D/C Discontinued	
Will become responsible for his choices, actions, and behavior. This responsibility will be demonstrated in interactions with others free from confrontation, demands, anger and respect for boundaries.		Date Established: 8/16/11		D/C 9/7/13	
Indicate patient outcomes to be achieved for this goal.					
Letter	Objectives:	Date Established	Target Date	Status/Date A Attained R Revised D/C Discon't	Methods For each objective, indicate staff treatment interventions, including duration, frequency, and responsible staff.
A	Patient will identify the consequences that failure to comply with rules/limits has had on self and others.	8/16/11	2/16/12		Primary therapist will confront patient when making blaming statements or failing to take responsibility for thoughts, actions, or feelings. Therapist will assist client to recognize and honestly express feelings related to limits, rules and structure.
B	Patient will identify attitudes and behaviors that must be modified in order to decrease his criminal behaviors.	8/16/11	2/16/12		Same as above
C	Patient will identify skills needed in order to effectively relate with others, and identify reasons for his inability to trust others.	8/16/11	2/16/12		Same as above

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Case 1:11-cv-07457-LAP Document 4 Filed 01/20/12 Page 13 of 24

DIAGNOSIS RECORD

INSTRUCTIONS:

1. Complete to transfer diagnostic data and/or Homebound Status from the patient's case record into the information system. (See back for details).
2. File the original in the patient's case record, and
3. Forward a copy to the appropriate staff for DMHS data entry.

QUEZADA, JOSE 360507

M

6/12/70

Clinton

Unit/Ward No.

DATE	CODE	DIAGNOSIS/PROCEDURE NAME	Princ. Psych.	Med. Trans.	Deletion
1 8/16/11	300.4	Dysthymic D/O			
2	309.81	Post-Traumatic Stress D/O	X		
3					
4		ASPD			
5					
6					
7		Hearing loss			
8		GERD			
9		Back pain			
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20	AXIS IV	Psychosocial/Environmental Problems (If box is checked, please specify.) <input type="checkbox"/> Education: _____ <input type="checkbox"/> Primary support group: _____ <input type="checkbox"/> Occupational: _____ <input type="checkbox"/> Social environment: _____ <input type="checkbox"/> Housing: _____ <input type="checkbox"/> Access to health care services: _____ <input type="checkbox"/> Economics: _____ <input type="checkbox"/> Interaction with legal system: _____ <input type="checkbox"/> Other psychosocial/environmental: _____			
21	AXIS V	Global Assessment of Functioning (Enter two digit scores from 01-99) _____ Current GAF score (the level of functioning at the time of the evaluation)			
22		_____ Past Year GAF (the highest level of functioning for at least a few months during the past year. For children and adolescents, this must include at least a month during the school year).			

Homebound Status: ☐ Not Applicable ☐ Entry ☐ Update ☐ Correction ☐ Deletion

Effective Date _____ Expiration Date _____

Signature of Individual Completing Form _____ Title _____ Date 8/16/11

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*NOTE: While all of Axis IV information is being gathered on this form to ensure its presence in the patient's case record, none of the information will be entered/retrievable through the DMHS system.

Original - Patient Case Record Copy -- White Copy - Data Entry Copy

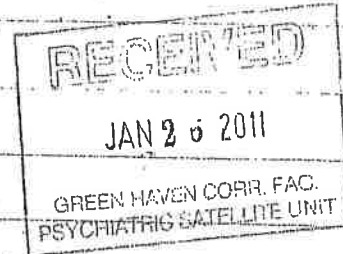
2/10/11

TO: DR. NEUBAUER, PSYCHOLOGIST.

FROM: JOSE OLEZADA, OYA 3650

OL: P4-182

DATE: 1/25/11



DEAR MS. NEUBAUER:

THE REASON FOR THIS LETTER IS BECAUSE I JUST RECEIVED A letter FROM MS. STEVENSON TRANSITIONAL COORDINATOR FOR A.P.T. PROGRAM. BECAUSE I HAVE TO FINISH THE PROGRAM FOR TWO (2) MORE WEEKS. THE PROBLEM IS THAT THEY GOIN TO TRY TO MOVE ME AGAIN TO OTHER BLOCK, MAYBE (H-BLOCK). FOR ONLY TWO WEEKS, THEN, SEND ME BACK TO ANOTHER BLOCK AFTER I FINISH THIS TEMPORARY PROGRAM. THE BIG PROBLEM IS THAT THE OFFICER I HAVE PROBLEM IS IN BUILDING (12) (C.O. HOUSEHOLD). HE ALREADY IN THE PROBLEM BY DESTROY MY IDENTIFICATION PACE. THE WARDEN KNOW ABOUT IT, THIS IS THE THIRD TIME HE THIS. PLEASE CALL MS. STEVENSON AND SPEAK WITH HER TO SEE IF SHE CAN KEEP ME IN THIS BLOCK AND SACRIFY MYSELF TO FINISH THE TWO WEEKS PROGRAM. IN (F-BLOCK), OR CALL MOVEMENT & CONTROL AND TALKED THEN THAT THIS IS A WEEKS PROGRAM SO BY DON'T NEED TO MAKE TWO MOVE. LET ME SEE WHAT HAPPEN. CALL ME TO YOUR OFFICE AS YOU RECEIVE THIS LETTER.

Jose Olezada

NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name:	QUEZADA, JOSE	State ID:	1903046
Case Number:	360507	Gender:	Male
DOB:	06/12/1970	DIN:	04-A-3690
Admission Screening Date:	11/13/2006		
Unit: 717 Green Haven OMH Satellite Unit			

Note Unit : 717 Green Haven OMH Satellite Unit

Entered By: 71970 Berrill-Ross, Susan P

Date: 04/21/2010

Time	Description	Svc Unit	Duration	Note Code
9:00 am		717		Verbal Therapy

Notes:**PATIENT'S REPORT OF CURRENT SYMPTOMS / PROGRESS TOWARD GOALS / CHANGES SINCE****LAST VISIT:**

Pt reported no increase in psychiatric symptoms. Pt discussed that he didn't think that his parole hearing went well and discussed how his hearing affected his current mental health (2A). Pt is not that hopeful that he did well on his board as only one person asked him any questions. Pt reported difficulty sleeping and stated that he was up all night thinking. Pt denied any anxiety, mania, psychosis or mood swings. Pt stated that he is no longer working as a porter and that he is not part of a program. Pt discussed that he has a medical hold on him and feels that he is being harassed by officers. Pt stated that he is finished with his physical therapy and that his medical hold should be lifted. The patient's memory was intact, as evidenced by his ability to discuss recent and remote personal history. He answered questions readily and his eye contact was good. Interactions with the evaluator were appropriate. The patient described his mood to be stable and euthymic. The patient's affect was broad, stable, and consistent with his stated mood. Patient was oriented to person, place, date, and purpose of the interview. Thought processes were logical. Patient's thought content was reality-based. No unusual content was expressed. No perceptual distortions were reported or observed. Judgment was adequate. The patient's insight into his mental health needs was intact. Patient was cooperative with the interview process.

ASSESSMENT OF SAFETY**SUICIDE RISK ASSESSMENT:**

Patient assessed for warning signs of imminent suicide risk (IS PATH WARM):): Pt denied any current ideation, substance abuse, purposelessness, anxiety, feelings of being trapped, hopelessness, withdrawal, anger, recklessness or mood changes.

Chronic: Hx of mental illness

Acute: No acute warning signs present at the time of evaluation.

Protecting: OMH monitoring, treatment compliant, religious beliefs, family supports

ACTIONS/ RECOMMENDATIONS/ REFERRALS/ CONSULTATIONS/RETURN DATE:

Patient will return for follow-up clinical services in four weeks. Pt will meet with psychiatrist as scheduled. He was advised on how to access mental health services should he require intervention prior to his next scheduled appointment. He agreed to

User: Berrill-Ross, Susan P

04/21/2010 9:28:46

OMH PHI

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DOB:	06/12/1970	DIN:	04-A-3690
Admission Screening Date:	11/13/2006		
Unit: 717 Green Haven OMH Satellite Unit			

request services if necessary.

Staff: 71970 Berrill-Ross, Susan P

Title: Lic Mstr Soc Wrkr 2

Date: 04/21/2010

Confirmed By: 71970 Berrill-Ross, Susan P

Date: 4/21/10 9:28 am

Title: Lic Mstr Soc Wrkr 2/Supervisor

Electronically Signed By: Berrill-Ross, Susan P On 4/21/2010 9:28:34AM

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NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name:	QUEZADA, JOSE	State ID:	1903046
Case Number:	360507	Gender:	Male
DOB:	06/12/1970	DIN:	04-A-3630
Admission Screening Date:	11/13/2006		

Unit: 717 Green Haven OMH Satellite Unit

Note Unit : 717 Green Haven OMH Satellite Unit

Entered By: 71970 Berrill-Ross, Susan P

Date: 05/19/2010

Time	Description	Svc Unit	Duration	Note Code
10:00 am		717		Verbal Therapy

Notes: GOAL: 1REASON FOR VISIT: (core history, treatment plan, referral, DOCS request, follow up):

Met with patient for follow up clinical services

PATIENT'S REPORT OF CURRENT SYMPTOMS / PROGRESS TOWARD GOALS / CHANGES SINCE LAST VISIT:

Pt reported no increase in psychiatric symptoms. Pt is currently not receiving any psychiatric medications. Pt reported that his depression is "the same" as last time. Pt discussed that he received two more years at his boards and that is one of his current stressors (b). Pt also discussed that he feels that he is being targeted by the officers due to testifying against them and that they are interfering with his legal work and medical needs. Pt reported that he "keeps his focus" and talks to people as a way of coping with his stress. Pt reported that he has not received his medical medication for pain and stated that medical allegedly lost his medical chart and clinician will follow-up with medical. Pt reported that he has written contact with his family. Judgment was adequate. The patient's insight into his mental health needs was intact. Patient was cooperative with the interview process. The patient described his mood to be stable and euthymic. The patient's affect was broad, stable, and consistent with his stated mood. Patient was oriented to person, place, date, and purpose of the interview. Thought processes were logical. Patient's thought content was reality-based. No unusual content was expressed. No perceptual distortions were reported or observed. The patient's memory was intact, as evidenced by his ability to discuss recent and remote personal history. He answered questions readily and his eye contact was good. Interactions with the evaluator were appropriate.

ASSESSMENT OF SAFETYSUICIDE RISK ASSESSMENT:

Patient assessed for warning signs of imminent suicide risk (IS PATH WARM): Pt denied any current ideation, substance abuse, purposelessness, anxiety, feelings of being trapped, hopelessness, withdrawal, anger, recklessness or mood changes.

Chronic: Hx of mental illness

Acute: Recent board

Protecting: Family supports, OMH monitoring, treatment compliant, religious beliefs

ACTIONS/ RECOMMENDATIONS/ REFERRALS/ CONSULTATIONS/ RETURN DATE:

Patient will return for follow-up clinical services in four weeks. Pt will meet with psychiatrist as scheduled. Pt was advised how to access mental health services should he require intervention prior to his next scheduled appointment. He agreed to request services if necessary.

User: Berrill-Ross, Susan P

05/19/2010 9:53:57

OMH PHI

NYS Office Of Mental Health - MHARSII

Progress Note - Single Detail

43 Central New York Psychiatric Center

Patient Name: QUEZADA, JOSE
Case Number: 360507
DOB: 06/12/1970
Admission Screening Date: 11/13/2006

State ID: 1903046
Gender: Male
DIN: 04-A-3690

Unit: 717 Green Haven OMH Satellite Unit
--

Staff: 71970 Berrill-Ross, Susan P

Title: Lic Mstr Soc Wrkr 2

Date: 05/19/2010

Confirmed By: 71970 Berrill-Ross, Susan P

Date: 5/19/10 9:53 am

Title: Lic Mstr Soc Wrkr 2/Supervisor

Electronically Signed By: Berrill-Ross, Susan P On 5/19/2010 9:53:43AM

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NYS Office Of Mental Health - MHARSH

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name:	QUEZADA, JOSE	State ID:	1903C46
Case Number:	360507	Gender:	Male
DOB:	06/12/1970	DIN:	04-A-3690
Admission Screening Date:	11/13/2006		

Unit: 717 Green Haven OMH Satellite Unit

Note Unit : 717 Green Haven OMH Satellite Unit

Entered By: 71970 Berrill-Ross, Susan P

Date: 08/19/2010

Time	Description	Svc Unit	Duration	Note Code
9:00 am		717		Verbal Therapy

Notes: GOAL: 2EASON FOR VISIT: (core history, treatment plan, referral, DOCS request, follow up):

Met with patient for follow up clinical services

PATIENT'S REPORT OF CURRENT SYMPTOMS / PROGRESS TOWARD GOALS / CHANGES SINCE LAST VISIT:

Pt reported that he was having difficulty with officers on the blocks with alleged accusations of abuse. Pt reported that he feels he is being harrassed and that he has been writing to the proper authorities in order to be transferred from one facility to another. Pt stated that it effects his mental health in a negative way and that it increasses his depression and anxiety (B). Pt reported difficulty sleeping and that he has no appetite, but eats because he has to eat. Pt stated that he has tried to reach out to many people and he doesn't feel as if anything is being done to help him. Pt reported that he reads and that he goes to the law library a few times a week and that he is currently in ART program. Pt denied any current depression, anxiety, mania or mood swings. Pt denied any thoughts of self-harm. Pt denied any disturbances in appetite or sleep. Thought processes were logical. Patient's thought content was reality-based. No unusual content was expressed. No perceptual distortions were reported or observed. The patient's memory was intact, as evidenced by his ability to discuss recent and remote personal history. He answered questions readily and his eye contact was good. Interactions with the evaluator were appropriate.

ASSESSMENT OF SAFETYSUICIDE RISK ASSESSMENT:

Patient assessed for warning signs of imminent suicide risk (IS PATH WARM):); Pt denied any current ideation, substance abuse, purposelessness, anxiety, feelings of being trapped, hopelessness, withdrawal, anger, recklessness or mood changes.

Chronic: Hx of mental illness, substance abuse, convicted of a violent crime.

Acute: No acute warnings signs present at the time of clinical session

Protecting: Family supports, OMH monitoring, treatment compliant, religious beliefs

ACTIONS/ RECOMMENDATIONS/ REFERRALS/ CONSULTATIONS/RETURN DATE:

Patient will return for follow-up clinical services in four weeks. Pt will meet with psychiatrist as scheduled. He was advised on how to access mental health services should he require intervention prior to his next scheduled appointment. He agreed to request services if necessary.

THIS INFORMATION IS BEING RELEASED
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User: Berrill-Ross, Susan P

08/19/2010 14:22:24

Page 1 of 2

NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name: QUEZADA, JOSE
Case Number: 360507
DOB: 06/12/1970
Admission Screening Date: 11/13/2006

State ID: 1903046
Gender: Male
DIN: 04-A-3690

Unit: 717 Green Haven OMH Satellite Unit

Staff: 71970 Berrill-Ross, Susan P

Title: Lic Mstr Soc Wrkr 2

Date: 08/19/2010

Confirmed By: 71970 Berrill-Ross, Susan P

Date: 8/19/10 1:22 pm

Title: Lic Mstr Soc Wrkr 2/Supervisor

Electronically Signed By: Berrill-Ross, Susan P On 8/19/2010 1:22:17PM

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NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name: QUEZADA, JOSE
 Case Number: 360507
 DOB: 06/12/1970
 Admission Screening Date: 11/13/2006

State ID: 1903046
 Gender: Male
 DIN: 04-A-3690

Unit: 717 Green Haven OMH Satellite Unit

Note Unit: 717 Green Haven OMH Satellite Unit

Entered By: 71970 Berrill-Ross, Susan P

Date: 09/28/2010

Time	Description	Svc Unit	Duration	Note Code
9:00 am		717		Verbal Therapy

Notes: GOAL: 2REASON FOR VISIT: (core history, treatment plan, referral, DOCS request, follow up):

Met with patient for follow up clinical services

PATIENT'S REPORT OF CURRENT SYMPTOMS / PROGRESS TOWARD GOALS / CHANGES SINCE LAST VISIT:

Pt reported that he is still having difficulties with the officers and that the officers are telling people that he is a "snitch". Pt is currently not in any programs and is being transferred from block to block and is having difficulties where he goes. Pt stated that his grandfather passed away three weeks ago and that he has not been able to get in touch with his family. Clinician spoke with correction counselors who reported that he currently does not have a counselor assigned to him. An additional phone call will be made so that he can have a counselor assigned so that he is able to contact his family. Pt denied any current depression, anxiety, mania or mood swings. Pt denied any thoughts of self-harm. Pt denied any disturbances in appetite or sleep. Thought processes were logical. Patient's thought content was reality-based. No unusual content was expressed. No perceptual distortions were reported or observed. The patient's memory was intact, as evidenced by his ability to discuss recent and remote personal history. He answered questions readily and his eye contact was good. Interactions with the evaluator were appropriate

ASSESSMENT OF SAFETYSUICIDE RISK ASSESSMENT:

Patient assessed for warning signs of imminent suicide risk (IS PATH WARM): Pt denied any current ideation, substance abuse, purposelessness, anxiety, feelings of being trapped, hopelessness, withdrawal, anger, recklessness or mood changes.

Chronic: Hx of mental illness, substance abuse, convicted of a violent crime.

Acute: No acute warnings signs present at the time of clinical session

Protecting: Family supports, OMH monitoring, treatment compliant, religious beliefs

ACTIONS/ RECOMMENDATIONS/ REFERRALS/ CONSULTATIONS/RETURN DATE:

Patient will return for follow-up clinical services in four weeks. Pt will meet with psychiatrist as scheduled. He was advised on how to access mental health services should he require intervention prior to his next scheduled appointment. He agreed to request services if necessary.

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User: Berrill-Ross, Susan P

09/28/2015 13:45:00

Page 1 of 2

OMH PHI

NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name: QUEZADA, JOSE
Case Number: 360507
DOB: 06/12/1970
Admission Screening Date: 11/13/2006

State ID: 1903046
Gender: Male
DIN: 04-A-3690

Unit: 717 Green Haven OMH Satellite Unit

Staff: 71970 Berrill-Ross, Susan P

Title: Lic Mstr Soc Wrkr 2

Date: 09/28/2010

Confirmed By: 71970 Berrill-Ross, Susan P

Date: 9/28/10 1:42 pm

Title: Lic Mstr Soc Wrkr 2/Supervisor

Electronically Signed By: Berrill-Ross, Susan P On 9/28/2010 1:42:53PM

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User: Berrill-Ross, Susan P

09/28/2010 13:43:00

OMH PHI

NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name: QUEZADA, JOSE
 Case Number: 360507
 DOB: 06/12/1970
 Admission Screening Date: 11/13/2006

State ID: 1903046
 Gender: Male
 DIN: 04-A-3690

Unit: 717 Green Haven OMH Satellite Unit

Note Unit: 717 Green Haven OMH Satellite Unit

Entered By: 71970 Berrill-Ross, Susan P

Date: 10/08/2010

Time	Description	Svc Unit	Duration	Note Code
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9:00 am		717		Verbal Therapy
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Notes: GOAL: 2REASON FOR VISIT: (core history, treatment plan, referral, DOCS request, follow up)

Met with patient for follow up clinical services

PATIENT'S REPORT OF CURRENT SYMPTOMS / PROGRESS TOWARD GOALS / CHANGES SINCELAST VISIT:

pt reported that he moved to F block and that he is not having any problems with the officers and that he is getting along well with the other inmates. Pt reported that he didn't get to call his family. Pt stated that he is looking forward to getting out of this facility. Pt reported that he is still feeling badly about his grandfather, and he didn't get to make his phonecall to his family. Pt reported that he remains stressed and needs to avoid the two officers and he doesn't care where he gets sent to as long as its not here. Pt reported that when he is stressed he thinks and stated that the only way that his stress will be released is when he gets out of here. Pt is currently not prescribed any psychiatric medication at this time. Pt stated that he has put in a transfer and doesn't care where he goes. Pt stated that as soon as he gets a program that he receives a ticket and loses the program. Pt denied any current depression, anxiety, mania or mood swings. Pt denied any thoughts of self-harm. Pt denied any disturbances in appetite or sleep. Thought processes were logical. Patient's thought content was reality-based. No unusual content was expressed. No perceptual distortions were reported or observed. The patient's memory was intact, as evidenced by his ability to discuss recent and remote personal history. He answered questions readily and his eye contact was good. Interactions with the evaluator were appropriate

ASSESSMENT OF SAFETYSUICIDE RISK ASSESSMENT:

Patient assessed for warning signs of imminent suicide risk (IS PATH WARM):): Pt denied any current ideation. substance abuse, purposelessness, anxiety, feelings of being trapped, hopelessness, withdrawal, anger, recklessness or mood changes.

Chronic: Hx of mental illness, substance abuse, convicted of a violent crime.

Acute: No acute warnings signs present at the time of clinical session

Protecting: Family supports, OMH monitoring, treatment compliant, religious beliefs

ACTIONS/ RECOMMENDATIONS/ REFERRALS/ CONSULTATIONS/RETURN DATE:

Patient will return for follow-up clinical services in four weeks. Pt will meet with psychiatrist as scheduled. He was advised on how to access mental health services should he require intervention prior to his next scheduled appointment. He agreed to request services if necessary.

User: Berrill-Ross, Susan P

10/08/2010 10:39:33

OMH PHI

NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name: QUEZADA, JOSE
Case Number: 360507
DOB: 06/12/1970
Admission Screening Date: 11/13/2006

State ID: 1903046
Gender: Male
DIN: 04-A-3690

Unit: 717 Green Haven OMH Satellite Unit

Staff: 71970 Berrill-Ross, Susan P

Title: Lic Mstr Soc Wrkr 2

Date: 10/08/2010

Confirmed By: 71970 Berrill-Ross, Susan P

Date: 10/8/10 10:39 am

Title: Lic Mstr Soc Wrkr 2/Supervisor

Electronically Signed By: Berrill-Ross, Susan P On 10/8/2010 10:39:26AM

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NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name:	QUEZADA, JOSE	State ID:	1903046
Case Number:	360507	Gender:	Male
DOB:	06/12/1970	DIN:	04-A-3690
Admission Screening Date:	11/13/2006		

Unit: 717 Green Haven OMH Satellite Unit

Note Unit: 717 Green Haven OMH Satellite Unit

Entered By: 71970 Berrill-Ross, Susan P

Date: 10/22/2010

Time	Description	Svc Unit	Duration	Note Code
9:00 am		717		Verbal Therapy

Notes: GOAL: 2REASON FOR VISIT: (core history, treatment plan, referral, DOCS request, follow up):

Met with patient for follow up clinical services

PATIENT'S REPORT OF CURRENT SYMPTOMS / PROGRESS TOWARD GOALS / CHANGES SINCELAST VISIT:

Pt stated that he is looking forward to getting out of this facility. Pt reported that he is depressed and that he had just received a letter stating that his cousin was killed. Pt discussed that he has alot of loss, and that he feels by the time he gets out of this facility that he will not have anymore family. Pt continues to report that he is having difficulty with officers and that he just doesn't ask them for anything as he knows that he will not get it. Pt reported that this is a constant stressor, but hat he keeps thinking about being transferred and that it helps him to keep up his hope. Pt is currently not prescribed any psychiatric medication at this time. Pt reported that right now he is content to stay in one place and that its ok because he doesn't want to keep moving around. Pt denied any current depression, anxiety, mania or mood swings. Pt denied any thoughts of self-harm. Pt denied any disturbances in appetite or sleep. Thought processes were logical. Patient's thought content was reality-based. No unusual content was expressed. No perceptual distortions were reported or observed. The patient's memory was intact, as evidenced by his ability to discuss recent and remote personal history. He answered questions readily and his eye contact was good. Interactions with the evaluator were appropriate.

ASSESSMENT OF SAFETYSUICIDE RISK ASSESSMENT:

Patient assessed for warning signs of imminent suicide risk (IS PATH WARM): 1. Pt denied any current ideation of substance abuse, purposelessness, anxiety, feelings of being trapped, hopelessness, withdrawal, anger, recklessness or mood changes.

Chronic: Hx of mental illness, substance abuse, convicted of a violent crime.

Acute: No acute warnings signs present at the time of clinical session

Protecting: Family supports, OMH monitoring, treatment compliant, religious beliefs

ACTIONS/ RECOMMENDATIONS/ REFERRALS/ CONSULTATIONS/RETURN DATE:

Patient will return for follow-up clinical services in four weeks. Pt will meet with psychiatrist as scheduled. He was advised on how to access mental health services should he require intervention prior to his next scheduled appointment. He agreed to request services if necessary.

User: Berrill-Ross, Susan P

10/22/2010 13:22:14

OMH PHI

NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name: QUEZADA, JOSE
Case Number: 360507
DOB: 06/12/1970
Admission Screening Date: 11/13/2006

State ID: 1903046
Gender: Male
DIN: 04-A-3690

Unit: 717 Green Haven OMH Satellite Unit

Staff: 71970 Berrill-Ross, Susan P

Title: Lic Mstr Soc Wrkr 2

Date: 10/22/2010

Confirmed By: 71970 Berrill-Ross, Susan P

Date: 10/22/10 1:21 pm

Title: Lic Mstr Soc Wrkr 2/Supervisor

Electronically Signed By: Berrill-Ross, Susan P **On** 10/22/2010 **1:21:34PM**

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